



# THE YOGA LOUNGE

## 200 Hour Teacher Training Program Application

Date:
Name:
Address:
City, State, Zip:
Phone (home):
Phone (mobile):
Email Address:
Emergency Contact and Relationship:
Date of Birth:
Occupation:
How did you hear about The Yoga Lounge Teacher Training Program?
Tell us about your practice. Why do you practice yoga? How long have you been practicing? Please describe your practice in detail.

Why do you want to take The Yoga Lounge TTP? What are your expectations for the training? What do you hope to gain, learn or improve?

If your plan is to teach yoga, why do you want to teach?

List any relevant yoga education trainings you may have taken along with teacher names and dates.

Tell us about your physical well-being. Please list all injuries, surgeries, past and present and describe your physical health.

Tell us about your emotional well-being.

Are you currently taking any medications? If so, please list.

If I am accepted into The Yoga Lounge Teacher Training Program, I hereby agree to the following:

1. That I am participating in the Yoga Classes offered by The Yoga Lounge Inc. during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that I must respect my own body and its limitations while practicing yoga. I agree not to exceed my limits in class and take full responsibility for any injury or discomfort I may experience. I am comfortable with hands-on adjustments and agree to communicate to the instructor if I am not. I understand that I can choose to opt out from any pose or adjustment.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes.
4. In consideration of being permitted to participate in Yoga Classes or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the full program.
5. In further consideration of being permitted to participate in Yoga Classes or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against The Yoga Lounge for injury or damages that I may sustain as a result of participating in the program.
6. I also understand that The Yoga Lounge will occasionally photograph classes and events to be used for promotional purposes in printed materials and on its website and agree to allow these photos to be distributed for this purpose.
7. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue The Yoga Lounge for any injury or death caused by their negligence or other acts.
8. I understand that any payments or fees paid to The Yoga Lounge are non-refundable and by enrolling in this program, I agree to and am responsible for all payments due to The Yoga Lounge for its Teacher Training Program.
9. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. If you understand and agree to its terms and conditions, please sign below. My signature confirms that I agree to the terms of this agreement.

Signed:

Date: